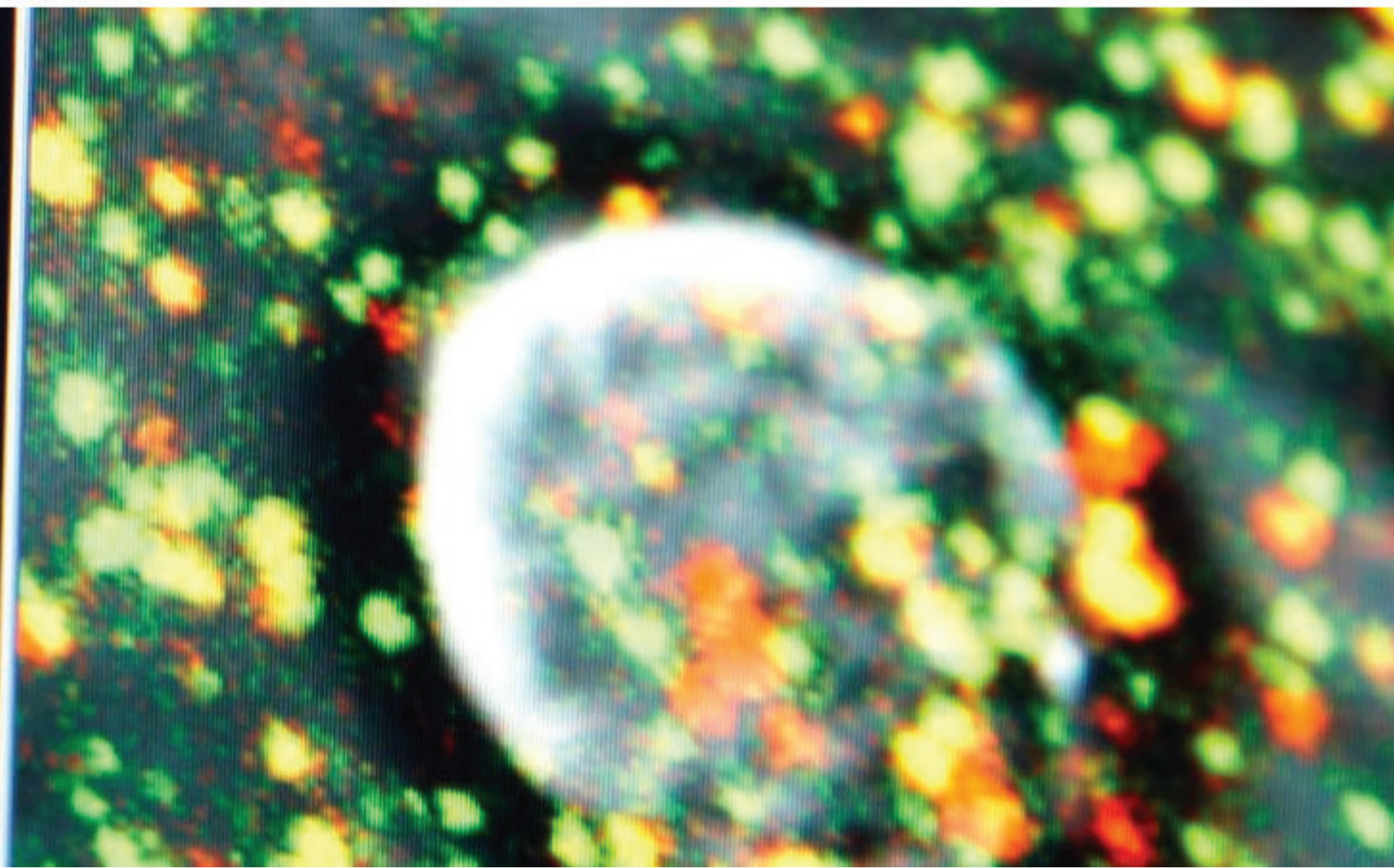


Rush's commitment to clinical care, research, education and community outreach collectively shapes our mission to provide patients with the very best care.

Research at Rush transforms care. It gives us new understanding of how disease develops and manifests. It brings together experts from across disease areas to ask probing questions, find promising solutions and forge improbable connections. And it serves as the foundation upon which we educate tomorrow's leaders and improve the health of our community. In our fiscal year 2013 annual report, you'll find just a few examples of the many ways Rush's innovative approach to research yields discoveries that are inventive, inspiring and, at times, altogether surprising.



Researchers at Rush discuss what motivates them to investigate research problems in specialties ranging from lung cancer to Parkinson's disease.

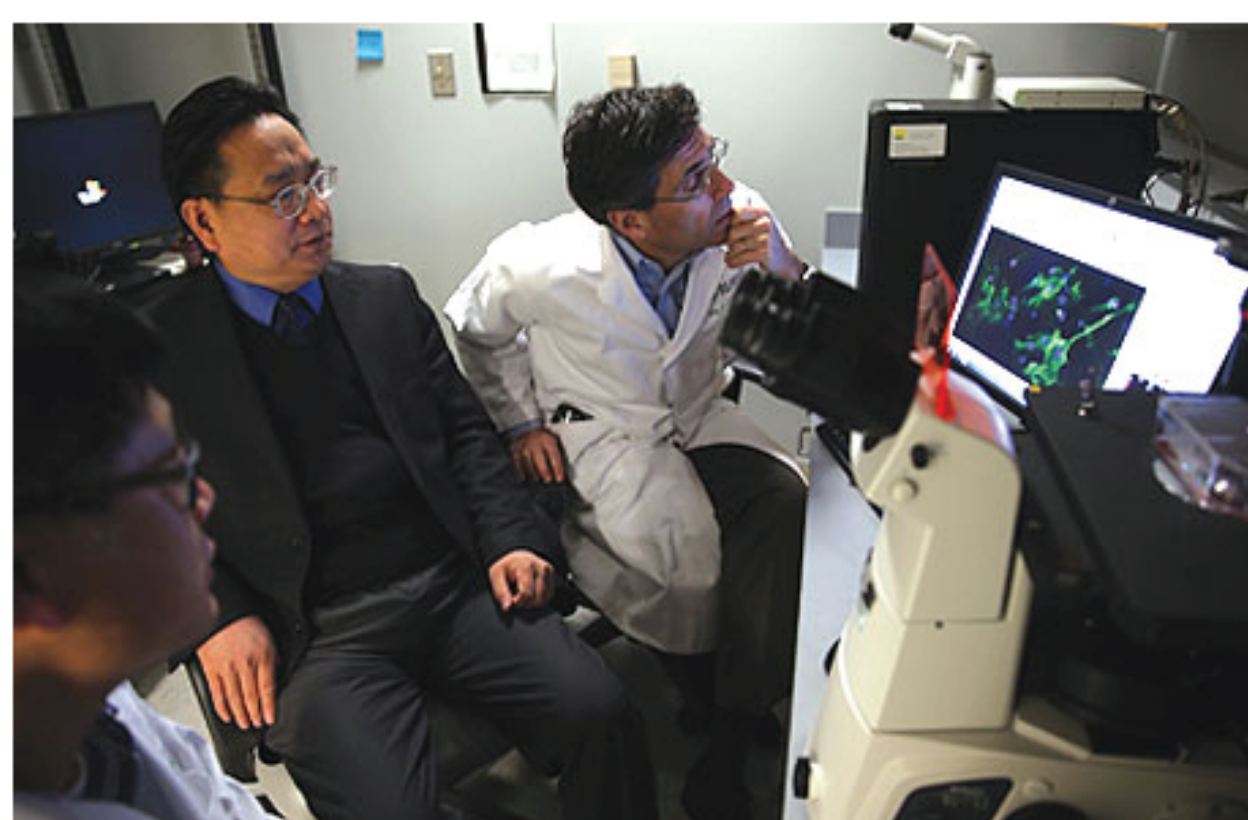


2013 Research Highlights

From prevention and education to diagnosis and treatment, researchers at Rush are bolstering Rush's mission across the spectrum of care. What follows is just a sampling of the research advances being made at Rush.

Stem Cell Treatments for Heart Disease

Cardiologist **Gary L. Schaer, MD**, studies stem cell treatments to revive sick and failing hearts by regenerating blood vessels and heart tissue. One of the studies, RENEW, is a multicenter, placebo-controlled Phase III trial of stem cells drawn from the patients' own bodies. By enrolling patients who are not suitable for bypasses, angioplasty or stents, Schaer and his team hope that this **stem cell therapy** will enhance blood flow to the heart, decrease chest pain and increase exercise tolerance.



Healthy Lifestyle Interventions

The ELM (Eat Well, Love Better, Move More) study is an innovative lifestyle change program created by **Lynda H. Powell, MEd, PhD**, chairperson of the Department of Preventive Medicine at Rush, and a multidisciplinary team of researchers. The group **created a program** that clinicians could use to improve the health of patients with metabolic syndrome. After one year, 50 percent of patients no longer met the criteria for **metabolic syndrome**. They lost weight, lowered their blood pressure, improved their cholesterol and blood sugar, and reduced their waist girth while increasing their energy and vitality.



A Blood Test for Lung Cancer

What if a diagnostic exam for cancer were as simple as having your blood drawn? A blood test for lung cancer being developed by Rush researcher **Jeffrey A. Borgia, PhD**, and his colleagues in the **Rush Thoracic Oncology Research Group** could make this vision a reality. Borgia's team has devised a way to use these molecules to identify a **fingerprint** that gives the physician important information about a patient's condition, ideally allowing for a timely and accurate diagnosis.



First Pharmaceutical Treatment for Fragile X

Fragile X syndrome is the most common cause of inherited intellectual impairment and the leading known single-gene cause of autism. A large-scale clinical trial led by **Elizabeth M. Berry-Kravis, MD, PhD**, a pediatric neurologist at Rush, has found the **first medication** that appears to safely and effectively target the core symptoms of Fragile X, addressing the social avoidance and challenging behaviors characteristic of the condition. This **promising study** may help signal the beginning of a new era of targeted treatments for genetic disorders and bring new hope to patients and families. The study was chosen by Autism Speaks as one of the group's Top 10 Autism Research Advances of 2012.



Nursing Research Inspired by Bedside Observations

Established in 2007, the Center for Clinical Research and Scholarship provides nurses at Rush with the opportunity to pursue research inspired by experiences at the bedside. Nine nursing students in the Graduate Entry Master's (GEM) Program facilitated the "MOVE: Making Steps to RecOVERy" project, which measured the impact of a daily mobility plan for inpatients that includes out-of-bed activity and visual mobility reminders. The plan was recently implemented on two medical surgical floors and in two intensive care units at Rush.



Mentoring Future Research Leaders

Combining research and community service, the Rush Medical College Dean's Office Summer Research Fellowship Program offers students who have completed their first year a stipend to either carry out research with a Rush faculty member or participate in a community service or primary care project. Student Brent Nathan helped carry out research on how to help patients better understand the informed consent process, working with internist **Robert A. McNutt, MD, FACP**, chief of the Section of Patient Safety Research and Informed Medical Decision Making.

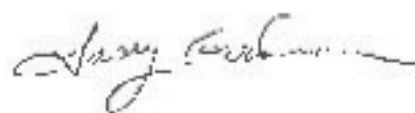


Good care starts with the right questions.

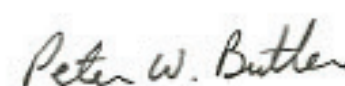
The doctor must know what to ask the patient presenting a particular symptom, just as the researcher must know what questions might lead to new diagnostic tools and treatments.

Rush's approach to research brings together experts from disparate medical fields to discover how systems of the body we previously believed to be separate are actually interconnected. Researchers at Rush have asked, "How do we make a joint replacement that lasts 30 years?" and "What does the gut have to do with your brain?" The answers to those and future questions will come from within the complex network of research and educational programs that define us as an academic medical center.

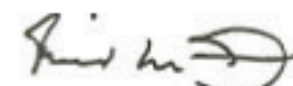
We're proud of the researchers at Rush who have continued to ask pioneering questions over the past year and explore innovative approaches to reach our fundamental goal: improved patient care.



Larry Goodman, MD
Chief Executive Officer
Rush University Medical Center



Peter Butler
President
Rush University Medical Center



Richard M. Jaffee
Chairman, Board of Trustees
Rush University Medical Center



FY2012 Financial Report*

Fiscal year 2012 was an exciting year for Rush with the opening of a new 14-story, state-of-the-art hospital tower in January 2012, marking completion of the largest phase of our \$1 billion, 10-year campus transformation project.

The new hospital is the cornerstone of Rush’s transformation effort to enhance facilities and adopt new technology with one overriding goal — to create the optimal environment for providing the highest quality of care to our patients. Consistently strong financial performance and prudent financial management were essential for Rush to fund the largest construction project in our history while continuing to fulfill our mission each and every day.

Rush’s operating income — the best measure of Rush’s financial performance — was \$50 million during FY2012, at an operating margin of 3.5 percent. This operating performance exceeded Rush’s financial targets, which have an underlying objective of achieving a return that will allow the institution to invest to fund future obligations and reinvest in our facilities and core activities of patient care, research, education and community service.

Patient care continues to be at the heart of Rush’s mission. Through our investments in clinical programs and demonstrated quality of care, Rush has established itself as a local and national leader in health care. Rush experienced strong clinical activity during FY2012 with 35,183 hospital admissions at both of its campuses; 522,901 patients were cared for in an outpatient setting, including the highest emergency room volumes in Rush’s history, and there were 380,644 visits to our physicians.

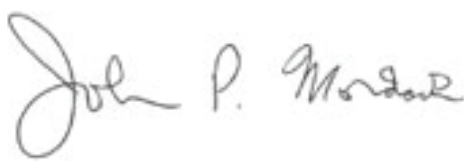
Rush’s investments in research and education are also critical components necessary to achieve our vision to be the medical center of choice in Chicago and among the best in the country. Research expenditures reached \$134 million during FY2012, and revenue increased by 1 percent over FY2011. Rush University achieved record enrollment during fall of 2012 with 2,206 students, and tuition revenue increased 9.2 percent during FY2012 because of enrollment and tuition increases.

Rush remains committed to its support of our community and Chicago’s West Side. Rush provided \$175 million in uncompensated care to patients during FY2012, an increase of 22 percent over FY2011. In addition to its patient care mission, Rush also financially supports the education of the next generation of physicians, nurses and allied health professionals and supports the cost of research that is in excess of external funding received. In total, Rush provided \$247 million in community benefits during FY2012.

Rush has also focused its efforts on collaboration with other health care institutions through clinical, educational and research programs during FY2012 in an effort to improve quality and accessibility of care. These programmatic relationships include a new collaboration with DuPage Medical Group to develop a cancer care center in Lisle, Ill., and an agreement between Rush and Swedish Covenant Hospital to develop and share cancer care treatment practices, both of which have the potential to improve quality, coordination and cost-effectiveness of care.

The community continues to give back to Rush and its mission through generous financial contributions. Rush raised \$44 million in philanthropic funding during FY2012 that will be used to strengthen our research and education programs, to increase Rush’s endowment and support the campus transformation effort. The endowment, which provided \$16 million to Rush in FY2012, continues to provide stable annual support to Rush’s programs, including professorships, research and education, free care, student financial aid, scholarships and fellowships.

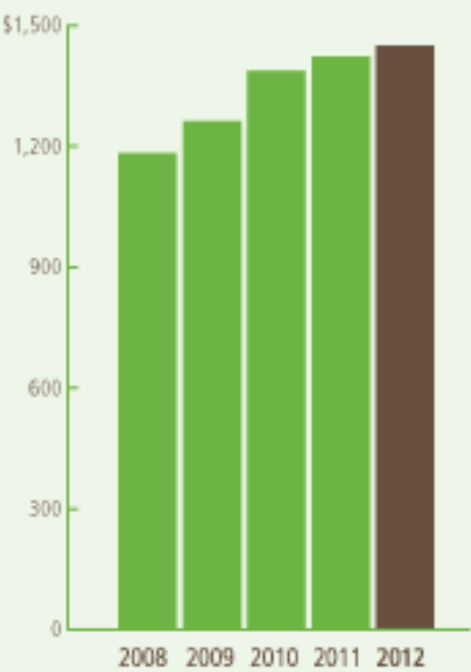
By maintaining its financial strength, Rush has a bright future in continuing to achieve its mission and vision, and better serve our community and our partners.



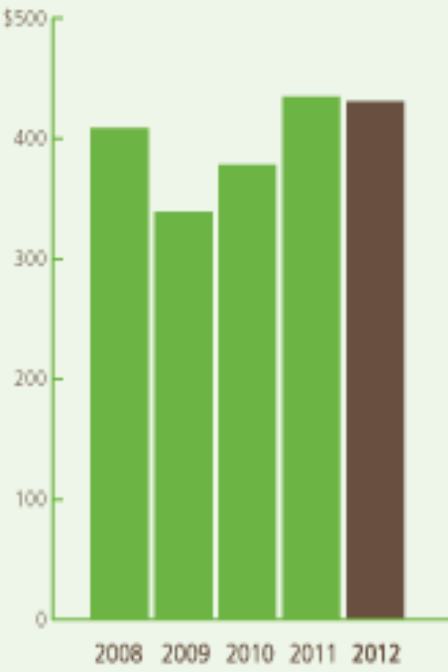
John P. Mordach
Senior Vice President and Chief Financial Officer
Rush University Medical Center

**Numbers reflect FY2012 totals, the latest data currently available. Report will be updated when FY2013 data are made available.*

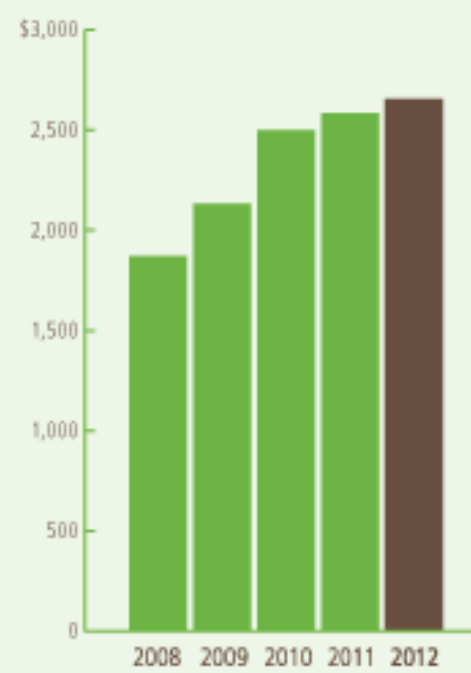
Total Revenue Including Non Operating (In millions)



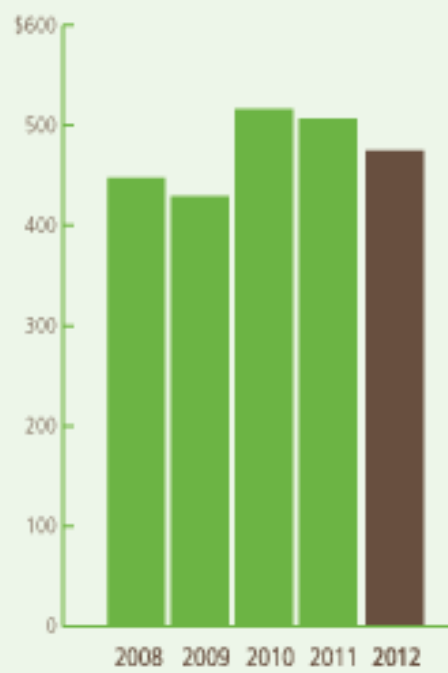
Total Endowment (in millions)



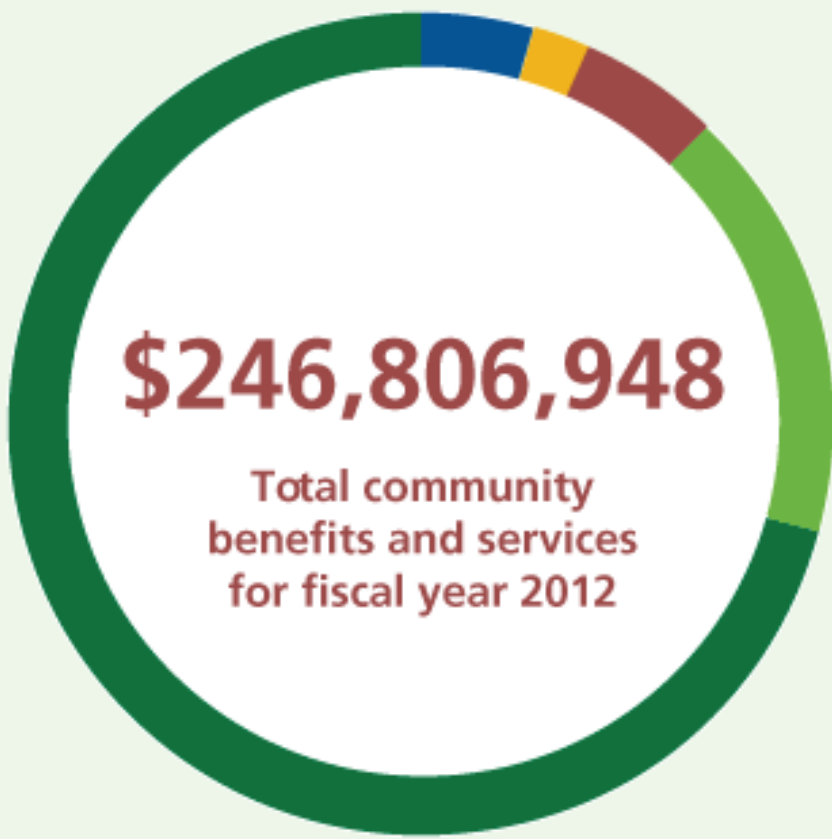
Total Assets (in millions)



Total Cash and Marketable Securities (in millions)



Community Benefits



Unreimbursed Medical Care – \$175,351,496

Charity care – \$25,366,303

Costs not covered by reimbursements for Medicare – \$49,545,168

Costs not covered by reimbursements for Medicaid – \$58,947,378

Unrecoverable patient debt – \$41,492,647

Support for Education Programs – \$41,683,676

Support for Research Programs – \$13,761,000

Other Community Benefits – \$10,501,902

Subsidized Health Services – \$5,508,874

Philanthropy and External Awards*

The last year at Rush has been an incredibly successful one, thanks in no small part to Rush's donors. FY2012 marked the final year of the seven-year Campaign for Rush University Medical Center, which raised a total of \$389.1 million for patient care, research, education, community outreach and the transformation of Rush's campus. Between July 1, 2011, and June 30, 2012, Rush's patients, volunteers, alumni, faculty, staff and friends contributed \$44.5 million in philanthropic support, a strong demonstration of commitment to Rush's mission that helped us greatly surpass our \$300 million overall campaign goal.

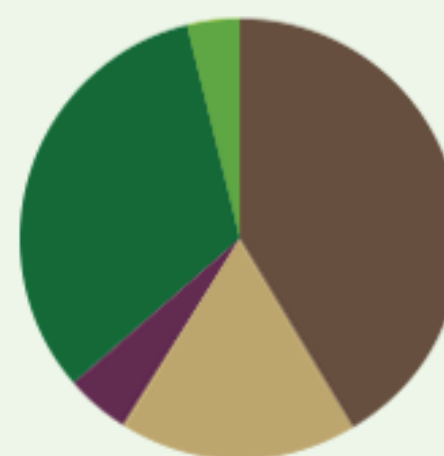
These gifts make a critical difference across every aspect of our mission — including research. As the field of health care continues to change, philanthropic support is now more important than ever before in ensuring that clinicians and researchers at Rush have the resources they need to translate their skill and insight into the next generation of lifesaving medical advances.

Also in FY2012, Rush's researchers received nearly \$80 million in external research awards. Rush's research funding from highly respected sources, including the National Institutes of Health, continues to propel groundbreaking research that will shape the future of health care in our community and across the globe.

On behalf of all of our patients, Rush thanks the many individuals, families, corporations, foundations and other organizations who supported Rush in FY2012. A listing of our generous FY2012 donors appeared in the Spring 2013 issue of the *Envision Rush* newsletter. To obtain a print copy of the honor roll, to ensure that you're on our mailing and email lists, or to learn more about [giving to Rush](#), please contact the Office of Philanthropy at (312) 942-6830 or giving@rush.edu.

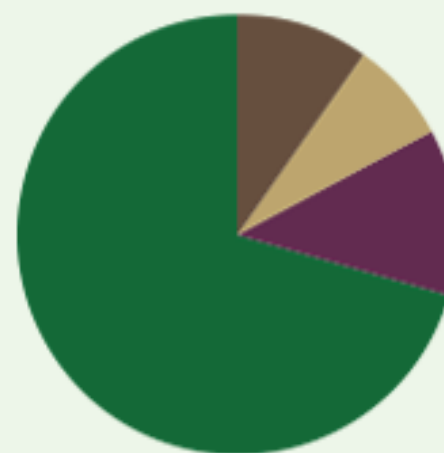
MAKE A GIFT 

Total Gifts Received: \$44.5 Million



Gifts received by purpose (\$ in millions)

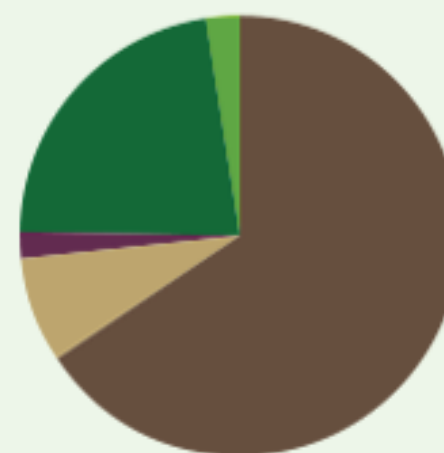
-  Facilities and General Campaign \$18.5
-  Research \$7.8
-  Student Aid \$2.1
-  Special Programs \$14.4
-  Unrestricted \$1.7



Gifts received by Source (\$ in millions)

-  Associations and Other Organizations \$4.4
-  Corporations \$3.3
-  Foundations \$5.5
-  Individuals and Families \$31.3

Total Research Awards: \$78 Million



Gifts received by Source (\$ in millions)

-  National Institutes of Health \$51.2
-  Other Federal Awards \$6.2
-  Other Public Health Awards \$1.4
-  Private Corporations \$17.3
-  Other \$1.9

*Numbers reflect FY2012 totals, the latest data currently available. Report will be updated when FY2013 data are made available.

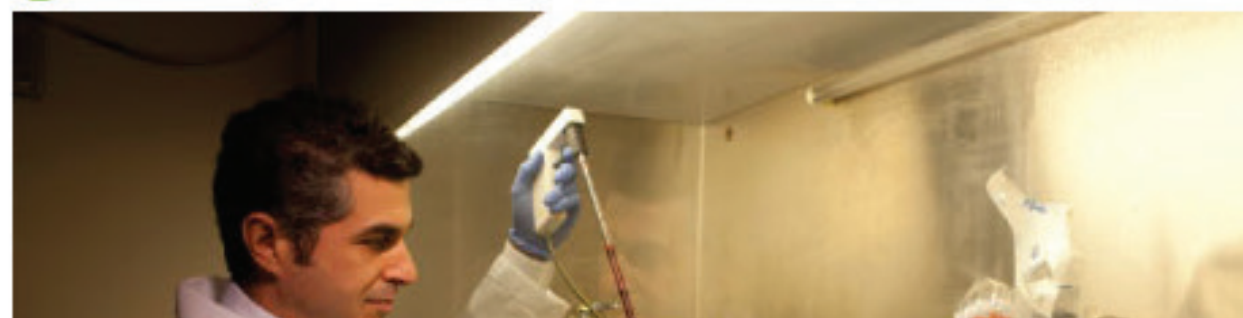
Researchers at Rush are still tirelessly studying joints at the cellular level in an effort to identify exactly how and why joints break down and how we can stop it.

Researchers in orthopedics at Rush were the first to develop the cementless joint implant, which quickly became standard in joint replacement surgeries worldwide. Joshua J. Jacobs, MD, and his team found that a lubricating material that the human body produces consists of a graphitic, carbon-based material, opening the possibility that future implants could utilize the material to improve their durability. Now, this highly productive, internationally renowned team is striving to set the next version of the standard joint replacement, working toward a joint implant that could last 30 years or longer.

✓ Future Clues



✓ Metal Implant Concerns



✓ High-Tech Analysis



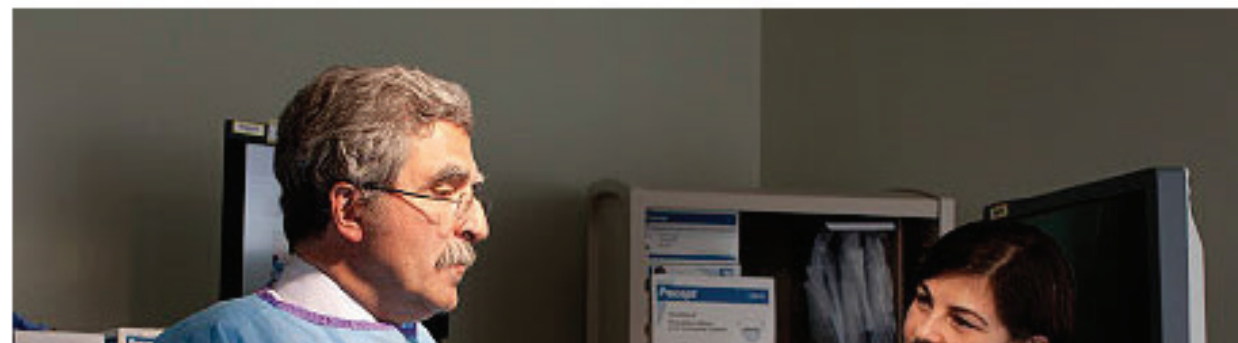
✓ Better Joint Replacements



The human body contains billions of microorganisms, and microbial cells found in the human gut are estimated to outnumber human cells by 10-to-one in healthy adults, but little is known about the ways in which these minute life forms influence health and disease. Research at Rush is working to change that.

The collaboration of a multidisciplinary team — including neurologist Kathleen M. Shannon, MD, in the Rush Parkinson's Disease and Movement Disorders Program, neuroscientist Jeffrey H. Kordower, PhD, and gastroenterologist Ali Keshavarzian, MD — is working to determine the link between bacteria in the gut and changes in the brain associated with Parkinson's disease and how we can use the link to predict the disease before it manifests.

✓ The Research Question



✓ Cellular-Level Exploration



✓ From Lab to Patient



✓ Teaching Future Clinicians



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 The Research Question



 Cellular-Level Exploration



Neuroscientist Jeffrey H. Kordower, PhD (left), and his team of scientists advance this investigation in the lab, comparing proteins found in the brain to proteins found in the gut. The work of this multidisciplinary research collaboration identifies the presence of the protein alpha-synuclein, a primary biomarker found in the brain of Parkinson’s disease patients, in the colons of Parkinson’s patients years before symptoms manifested, raising the possibility that Parkinson’s begins outside the brain. This expert laboratory analysis of the underlying mechanisms of Parkinson’s disease at the cellular level could change the way neurologists diagnose and treat Parkinson’s disease patients.